**Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions** RECEIVED A Public Document 1. Agency Name OSG Date Stamp California **Form** CITY OF SAN JOSE 2015 00 T 14 AM 10: 44 For Official Use Only Division, Department, or Region (If Applicable) OFFICE OF Mayor Sam Liccordo Designated Agency Contact (Name, Title) Maggie Le . Assistant Chief of STAFF ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail margaret. Le @ sanjose ca. gov Date of Original Filing: . (406) 535. 4800 (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 212. (9) Does the agency have a ticket policy? Yes ⊠ No □ Event Description SHarks Vs. Anateim Ducks Date(s) \_\_\_\_ , 10 , 2015 If no: san Jose Arena Authority Ticket(s)/Pass(es) provided by agency? Yes I No 区 Was ticket distribution made at the behest No ☐ Yes ☐ If yes: \_ Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income [ If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) recognition DOWNTOWN STREETS TEAM 24 Verification | I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: